



PART B - FEE(S) TRANSMITTAL

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26529 7590 12/18/2001

BLAKELY SOKOLOFF TAYLOR & ZAFMAN/PDC
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 LOS ANGELES, CA 90025



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Julie Arango (Depositor's name)
Julie Arango (Signature)
3/8/02 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/199,121	11/24/1998	ALAIN ROSSMANN	3399P069CCI	3314

TITLE OF INVENTION: METHOD AND ARCHITECTURE FOR AN INTERACTIVE TWO-WAY DATA COMMUNICATION NETWORK

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
28	nonprovisional	NO	\$1280	\$0	\$1280	03/18/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
FERGUSON, KEITH	2683	455-424000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**BLAKELY, SOKOLOFF,
TAYLOR & ZAFMAN LLP**

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 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Openwave Systems Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Redwood City, CA

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

(Date)

Jordan M. Becker Reg. No. 39,602

3/8/02

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(Depositor's name)

Julie Arango

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